Foster Family Home - Corrective Action Report

Provider ID:

2-596471

Home Name:

Royal Solmerin, CNA

Review ID:

2-596471-5

27-2748 Mamalahoa Highway

Reviewer:

Carol Copeland

Pepeekeo

HI

96783

Begin Date:

4/3/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection performed to recertify two client home. Home in compliance on day of inspection. Corrective action report issued with no plan of correction due to CTA.

Compliance Manager

Primary Care Giver

Date

Doto

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